case of inguino-scrotal hernia, in which he had successfully resorted to this method. Taxis, under chloroform, had been tried without success by M. Gosselin, and that distinguished surgeon was about to operate, when M. Perrin, who had read the description of this method of reduction, proposed that it should be tried. Accordingly, forty-six hours after the strangulation had occurred, a hospital attendant took the patient up by his legs, and placing them over his (the attendant's) shoulders, raised him up so that the patient's head and shoulders rested upon the bed. In this position M. Perrin practised the taxis, and the hernia was soon reduced to half its former size. The patient was replaced upon his bed, and the reduction was completed in the horizontal position.

On the Use of Nitrite of Amyl in various forms of Spasm, and on its Value as an Aid to Diagnosis.—Dr. S. WEIR MITCHELL, in an interesting communication to the College of Physicians of Philadelphia (Feb. 3, 1875), stated that for more than a year he had been aware that nitrite of amyl would be a proper means to use in epilepsy. It was clear to him that the nitrite caused, with rapidity, fulness of the vessels of the whole head, and that near to the outset of an attack of epilepsy there is a condition of vasal spasm. He hoped that he would be able by the use of the nitrite to counteract this state of vascular contraction, and so to break the chain of morbid phenomena, and thus end the attack before its more disastrous consequences should follow. This reasonable expectation was not disappointed. He was, of course, well aware that in most cases of epilepsy there would be no time to secure the inhalation of enough of nitrite of amyl to produce an effect, but he was also aware that in at least two classes of epileptics the opportunity for its use would be given. There are rare examples of epilepsy in which the warning of the coming on of an attack so far precedes the spasm and loss of consciousness as to enable the patient to inhale the nitrite. In other cases the patient has a succession of fits within a limited space of time, and being then, of necessity, in bed, is so placed that a watchful nurse may find time to use the nitrite.

Since experience has demonstrated to Dr. Mitchell the remarkable power of this agent to check spasm, he has given it for that purpose a number of times, its value being limited by the rarity of cases in which there is time to secure its full inhalation. In some of his examples the chance of using it has been occasional only, not all of the attacks affording the time needed to secure its value. Dr. Mitchell stated that he had never seen nitrite of amyl fail in epilepsy where there was time to use it. Last week he checked with it a fit coming on in his office, and a few months ago had the chance of exhibiting to those present at his clinic its capacity to stop for hours the convulsions of tubercular meningitis in a child.

From what he has seen of this agent, it does not seem to possess, in most cases, any capacity to lessen the probability of a return of the fits; but of its power to arrest the actual convulsion there can be no doubt. He asked Dr. William Jenks to test the nitrite in puerperal convulsions. His favourable evidence as to this point still awaits confirmation by other observers.

Dr. Mitchell has not yet used it in forms of spasms from peripheral irritation in children, but it would be, he should think, a safe and a ready agent. Neither has it been as yet employed in the horrible convulsions of uræmia. Its influence over cases of hysterical angina is as well marked as in non-hysterical attacks of this disorder. He has twice employed it in forms of disease which are akin to angina, but lack a distinct name.

Dr. Mitchell speaks with rather more hesitation of the use of this agent as an aid to the diagnosis of certain forms of cerebral disorder.

Those who see much of neural diseases meet very often with cases of head-troubles in which there are attacks of vertigo, or disturbed equilibrium, or mere sense of fulness with or without mental disorder. Occasionally these troubles are plainly not epileptic. Sometimes they are either epileptic and distinctly so, or else are the far-away beginnings of that malady. Sometimes a therapeutic diagnosis is possible, and the mere fact of the bromides controlling them may, when taken with the symptoms, clearly settle their nature. But very often our suspicions are in favour of their being purely vascular disturbances of congestive type, and then he thinks that the nitrite of amyl may prove serviceable in settling the question; since in such cases the inhalation will sometimes recreate briefly the train of symptoms, so that they are at once recognized by the patient. This, when it occurs, is fairly conclusive as to the attacks having been truly congestive in character. The negative has also its value. Personally he has obtained useful help from this means, but he looks upon the whole matter as one which it is well to present to the profession as worthy of study, without at present claiming for it any very great utility.

Dr. Mitchell finds that physicians are very timid as to this remedy, but, after much and long use of it, he has altogether lost the dread of it with which he began. He would suggest that in syncope and in hysterical convulsions it might well repay a trial, and that possibly in the cerebral symptoms arising from shock it may also prove of value, and should be essayed in the cold stage of ague.

New Material for Fixed Dressings.—Dr. John B. Roberts, in a report of a clinic at the Pennsylvania Hospital, states (*Philad. Med. Times.*, Feb. 13, 1875) that after experimenting with various kinds of fixed dressings, Dr. R. J. Levis "seems to have arrived at one which fulfils all requirements; being cleanly in its application, drying with sufficient rapidity, removable without difficulty, exceedingly light, and withal very cheap. The fixed material is ordinary glue, with which oxide of zinc has been incorporated, either by the manufacturer or by the surgeon at the time of using it, in order to cause it to harden rapidly.

"Several pieces of flannel—old blankets or worn-out underclothing answering the purpose admirably—are selected and cut the requisite size. One of these is laid around the limb, and the two edges are tightly stitched together along the anterior surface, allowing the edge to project above the seam; then the melted glue, with oxide of zinc, is painted upon this with a brush. The dressing may be strengthened by an additional layer of flannel or blanket saturated with the glue and oxide of zinc, and made to adhere to the underlying layer. A third or even a fourth layer may be thus applied, if it is deemed necessary, and the limb supported until the dressing dries, which requires from four to eight hours.

"The stitches of the seam on the front of the limb having been cut with scissors, the edges of this elastic case are sprung apart, and the dressing removed. The edges are then trimmed smooth, and a number of eyelets inserted, in order that the case may be laced like a shoe, and the degree of pressure regulated.

"This fixed fracture-apparatus is exceedingly light, is made from materials almost everywhere obtainable, and is much cheaper than the silicate dressing. There are at all times pieces of waste flannel or cloth about a large hospital which can be appropriated, while the glue and zinc could probably be supplied at a very low price per pound—a quantity sufficient for the manufacture of many such splints. Another advantage is its elasticity, which permits its removal without endangering the splint, for it can be pulled apart, and immediately springs into place around the limb to which it has been moulded.

"By a little care and dexterity in stitching on the layers of flannel, the surgeon can readily shape the dressing so that both the leg and the foot are completely encased."

Remedial Uses of Water.—The extremely valuable researches of Dr. James Currie on this subject, entitled *Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Fever and Febrile Diseases, whether applied to the Surface of the Body or used Internally*, have been latterly too generally overlooked, and Dr. Austin Flint has done a good work in calling (*American Practitioner*, January, 1875) attention to them. The edition of his Reports now before us bears the imprint of London, 1805, and is in two volumes. It is the fourth edition of Volume I. and the second edition of Volume II. The dedication to the first edition of Volume I. is dated Liverpool, 31st October, 1797. The fact that the first volume reached a fourth edition shows that the